

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Temporarily  
BAYFIELD COUNTY PLANNING & ZONING  
APPLICATION FOR PERMIT

ENTERED

Permit #:	15-00007
Date:	10-10-15
Amount Paid:	\$ SD
Refund:	10-10-15

Bayfield Co. Zoning Dept.

Date Submitted (Received)  
OCT 07 2015

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jeff Campbell</u>	Mailing Address: <u>19735 S Sweden Grandview WI 54839</u>	City/State/Zip: <u>WI</u>	Telephone: _____
Address of Property: _____	City/State/Zip: <u>Grandview WI 54839</u>	Cell Phone: _____	
Contractor: <u>Larsen Const.</u>	Contractor Phone: <u>715 292 2155</u>	Plumber: <u>Krown Plumbing</u>	Plumber Phone: <u>715 292 0029</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Ryan Larsen</u>	Agent Phone: <u>715 292 2155</u>	Agent Mailing Address (include City/State/Zip): <u>St. Hwy 118</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4 SE 1/4 NW 1/4 NE SE</u>	Legal Description: (Use Tax Statement) <u>04-021-2-45-06-30-4 4000</u>	PLN: (23 digits) <u>01-08000</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Section <u>30</u> , Township <u>45</u> N, Range <u>06</u> W	Town of: <u>Grandview</u>	Lot Size: _____	Acres: <u>10</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>Yes</u> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue <u>Yes</u>	Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>30,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/AAlteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holdy Tank</u> <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>28'</u>	Width: <u>16'</u>	Height: <u>20'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	(16 X 28) (16 X 28) ( ) ( ) ( ) ( ) ( )	448 448     
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/AAlteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/AAlteration (specify) _____	( ) ( ) ( ) ( ) ( )	     
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	( ) ( ) ( )	   
OCT 12 2015		( )	( )

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(this section is for the applicant's use only) I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Jeff Campbell  
(If there are Multiple Owners listed on the Deed All Owners must sign or (letters) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

26755 St Hwy 118 Ashland WI

Date 10/05/15  
Date 10/5/15

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

54806



- 100

See photo Plat heap

**Changes in plans must be approved by the Planning & Zoning Dept.**

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-00008T		Permit Date: 10-10-15					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: STAYED FOR		We're Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Zoning District (R2) Takes Classification ( )	
Date of Inspection: 10/10/15		Inspected by: [Signature]		Date of Re-Inspection:		Condition(s): Town, Committee for Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	
Temporary Placemat only - No Water Under Pressure, Not for Human habitation.						Date of Approval: 10/10/15	
Signature of Inspector: [Signature]							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date: 10/14/15  
OCT 04 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0404  
Date: 10-14-15  
Amount Paid: \$175 TRANSFERRED FROM ON-SITE  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: <u>Steve &amp; Debbie Torgack</u>	Mailing Address: <u>7833-30th Ave Kenosha WI 53142</u>	Telephone: <u>262-4469814</u>
Address of Property: <u>4755 S Shubald's Lane</u>	City/State/Zip: <u>Kenosha WI 53142</u>	City/State/Zip: <u>WI</u>	Cell Phone:
Contractor: <u>SEIT</u>	Contractor Phone: <u>5814</u>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>821-2-44-06-26-205-010-40000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume <u>273</u> Page(s) <u>202</u>
Section <u>26</u> , Township <u>44</u> N, Range <u>6</u> W	Lot(s) <u>10</u>	CSM	Vol & Page
	Lot(s) No.	Block(s) No.	Subdivision:
	Lot Size <u>10</u>	Acreage <u>2.0</u>	

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>70</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>70</u> feet		

Value at Time of Completion (include donated time & material)	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>25,000</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary (Pit) or Vaulted (min 200 gallon)</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> with Loft	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> with a Porch	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> with a Deck	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> with (2nd) Deck	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( <u>  </u> x <u>  </u> )	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Kitchen/Family Room/Entry</u>	( <u>10</u> x <u>300</u> )	<u>300</u>
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>entry way/bath</u>	( <u>3</u> x <u>12</u> )	<u>36</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( <u>  </u> x <u>  </u> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>  </u> x <u>  </u> )	
	<input checked="" type="checkbox"/> Other: (explain) <u>Act 55 cannot Due to Engineer's Rule</u>	( <u>8</u> x <u>30</u> )	<u>240</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steve & Debbie Torgack Libby Torgack Date 8.13.15  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

See below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	60 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	19 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	140 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	60 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	26 Feet	Setback to Well	30 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 11408/791870	# of bedrooms:	Sanitary Date: 10-1970		
Permit Denied (Date):	Reason for Denial:					
Permit #:	Permit Date:					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of inspection: 15-0404	Inspected by: 10-14-15					
Condition(s) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
50 sign lot 6 within 200 ft of addn. used 150 sq ft lot						
must get vdc must comply w/ setback. must						
Signature of Inspector: [Signature]						Date of Approval: 10/15/15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



# Field County, WI

